

							_					
	n this information to ide											
Deb	tor 1 Ra	heem Furs	son			_						
	tor 2					_						
Unit	ed States Bankruptcy C	Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA	A	_						
Cas	e number 17-156 3	34-MDC					Check	if this is:				
(If kno	own)						An amended filing					
									ent showing as of the fol		ion chapter	
∩f	ficial Form 10	ายเ					13	income a	as of the for	llowing da	ite:	
							MN	// DD/ Y	YYY			
	hedule I: Yo		ome ible. If two married peo								12/15	
	ch a separate sheet to	this form. C	spouse is not filing wi	onal pages, write yo			I case nun	nber (if I	known). Ar	nswer eve	ery question	
	information.			Debtor 1			ı	Debtor 2 or non-filing spouse				
	If you have more than attach a separate page		Employment status	■ Employed				☐ Employed				
	information about additiona			☐ Not employed			☐ Not employed					
	employers.		Occupation	OR Attendant								
	Include part-time, seas self-employed work.	sonal, or	Employer's name	Aria Health								
	Occupation may include or homemaker, if it app		Employer's address	10800 Knights Philadelphia, P.								
			How long employed th	nere? 2 Years	S			_				
Part	Give Details	About Mon	thly Income									
	mate monthly income a se unless you are sepa		te you file this form. If y	you have nothing to r	eport for	any I	line, write S	\$0 in the	space. Incl	ude your	non-filing	
•	u or your non-filing spou space, attach a separa		re than one employer, co	embine the information	on for all e	emplo	oyers for th	at perso	n on the lin	es below.	If you need	
							For Debt	or 1	For Deb	tor 2 or ng spous	e	
2.			y, and commissions (be alculate what the monthly		2.	\$	3,0	78.32	\$	N/	<u>A</u>	
3.	Estimate and list mo	nthly overti	me pay.		3.	+\$		0.00	+\$	N/	<u>A</u>	

4. **\$ 3,078.32**

N/A

4. Calculate gross Income. Add line 2 + line 3.

Debt	or 1	Raheem Furson		C	Case number (if kn	own)	17-15	634-M	DC	
			_					-		
					For Debtor 1			Debtor		
	^				A 0.070	non-filing spouse				
	Сор	y line 4 here	4.		\$ 3,078	.32	\$		N/A	_
5.	Lict	all payroll deductions:								
5.	LIST									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 638		\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b).		.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c	; .	\$0	.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	ı.	\$0	.00	\$		N/A	<u>_</u>
	5e.	Insurance	5e	€.	\$ 353	.82	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$ 495	.49	\$		N/A	_
	5g.	Union dues	5g	J.	\$ 0	.00	\$		N/A	
	5h.	Other deductions. Specify:	_ 5h	1.+	\$0	.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,487	.33	\$		N/A	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$1,590	.99	\$		N/A	_
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm								
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	.	\$ 0	.00	\$		N/A	
	8b.	Interest and dividends	8b			.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent		,.	Ψ	.00	Ψ		IVA	_
	00.	regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	80) .	\$ 0	.00	\$		N/A	
	8d.	Unemployment compensation	8d	ı.	\$ 0	.00	\$		N/A	_
	8e.	Social Security	8e	€.	\$ 0	.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive								_
		Include cash assistance and the value (if known) of any non-cash assistance)							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0	.00	\$		N/A	
	8g.	Pension or retirement income	_ 8g		·	.00	\$		N/A	_
	8h.	Other monthly income. Specify: Contribution from Parents			\$ 1,000				N/A	_
	011.	Contribution from Farents	_ '''	···	Ψ	.00	·		IVA	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	1,000	.00	\$		N/	Δ .
		v		L.						∃
10	Cala	vulate monthly income. Add line 7 - line 0	10	Φ.	0.500.00	. 6		N1/A	œ.	0.500.00
10.			10.	\$_	2,590.99	+ \$_		N/A	= \$ _	2,590.99
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L							
11.		e all other regular contributions to the expenses that you list in Schedule								
		ide contributions from an unmarried partner, members of your household, your	depe	ende	ents, your room	mates	s, and			
		r friends or relatives.	ovoil.	abla	to nov ovnono	oo liot	od in C	ohodule	. 1	
	Spe	not include any amounts already included in lines 2-10 or amounts that are not a cify:	avalle	abie	e to pay expens	25 1151	eu III Si	11.		0.00
	Оро						_		Ψ_	0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.									
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it									
	appl	ies						12.	\$	2,590.99
								Į	Combi	ned
										ly income
13.	Doy	you expect an increase or decrease within the year after you file this form	?							•
		No.								
	П	Yes Explain:								